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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |   |   |   | Application or Docket Number<br><b>10/696,258</b> | Filing Date<br><b>10/28/2003</b> | <input type="checkbox"/> To be Mailed |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
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TURNER/</b></td> <td colspan="3" style="padding-top: 5px;"></td> </tr> </tbody> </table> |           |                        |           |                        |  |  | APPLICATION AS AMENDED – PART II |                        |   | OTHER THAN<br>SMALL ENTITY |    |   |        | (Column 1) | (Column 2) | (Column 3) | SMALL ENTITY |                              | OTHER THAN<br>SMALL ENTITY |       | AMENDMENT | 11/12/2009 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$)  | ADDITIONAL<br>FEE (\$) | AMENDMENT | Total (37 CFR 1.16(i)) | * 22 | Minus | ** 20 | = 2 | X \$26 = | 52        | OR X \$ =  |  | AMENDMENT | Independent (37 CFR 1.16(h)) | * 4 | Minus | ***3 | = 1 | X \$110 = | 110   | OR X \$ = |  | AMENDMENT | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |                       |  |  |  |   |  |  | AMENDMENT | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  |  |  |  |  | (Column 1) |  |  |  | (Column 2) | (Column 3) | TOTAL<br>ADD'L<br>FEE | 162 | TOTAL<br>ADD'L<br>FEE |  | AMENDMENT | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$) | ADDITIONAL<br>FEE (\$) |  |  | AMENDMENT | Total (37 CFR 1.16(i)) | * | Minus | ** | = | X \$ = |  | X \$ = |  | AMENDMENT | Independent (37 CFR 1.16(h)) | * | Minus | *** | = | X \$ = |  | X \$ = |  | AMENDMENT | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |  |  |  |  |  |  |  | AMENDMENT | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  |  |  |  |  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |  |  | TOTAL<br>ADD'L<br>FEE |  | TOTAL<br>ADD'L<br>FEE |  |  |  | Legal Instrument Examiner:<br><b>/BRENDA L. TURNER/</b> |  |  |  |  |  |  |  |  |  |
| APPLICATION AS FILED – PART I   |   |   | OTHER THAN<br>SMALL ENTITY                  |   |                                  |                                       |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| (Column 1)  | (Column 2)  | SMALL ENTITY <input checked="" type="checkbox"/> OR |   | OTHER THAN<br>SMALL ENTITY                        |                                  |                                       |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| FOR   | NUMBER FILED  | NUMBER EXTRA  | RATE (\$)                                   | FEE (\$)  | RATE (\$)                        | FEE (\$)                              |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))   | N/A   | N/A   | N/A   |   | N/A                              |                                       |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))  | N/A   | N/A   | N/A   |   | N/A                              |                                       |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))   | N/A   | N/A   | N/A   |   | N/A                              |                                       |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))  | minus 20 =  | *   | X \$ =                                      |   | X \$ =                           |                                       |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | minus 3 =   | *   | X \$ =                                      |   | X \$ =                           |                                       |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))   | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |   |   |   |                                  |                                       |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))  |   |   |   |   |                                  |                                       |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.   |   |   |   | TOTAL   | TOTAL                            |                                       |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding-bottom: 5px;">APPLICATION AS AMENDED – PART II</th> <th colspan="4" style="text-align: right; padding-bottom: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> <tr> <th style="text-align: center; padding-bottom: 5px;">(Column 1)</th> <th style="text-align: center; padding-bottom: 5px;">(Column 2)</th> <th style="text-align: center; padding-bottom: 5px;">(Column 3)</th> <th colspan="2" style="text-align: center; padding-bottom: 5px;">SMALL ENTITY</th> <th colspan="2" style="text-align: center; padding-bottom: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td style="padding-bottom: 5px; vertical-align: top;">AMENDMENT</td> <td style="padding-bottom: 5px; vertical-align: top;">11/12/2009</td> <td style="padding-bottom: 5px; vertical-align: top;">CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</td> <td style="padding-bottom: 5px; vertical-align: top;">HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</td> <td style="padding-bottom: 5px; 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TURNER/</b></td> <td colspan="3" style="padding-top: 5px;"></td> </tr> </tbody> </table>  |   |   |   |   |                                  |                                       | APPLICATION AS AMENDED – PART II |                        |  | OTHER THAN<br>SMALL ENTITY |  |  |  | (Column 1) | (Column 2) | (Column 3)  | SMALL ENTITY |                            | OTHER THAN<br>SMALL ENTITY |     | AMENDMENT    | 11/12/2009   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) | ADDITIONAL<br>FEE (\$)  | RATE (\$) | ADDITIONAL<br>FEE (\$) | AMENDMENT | Total (37 CFR 1.16(i)) | * 22 | Minus | ** 20  | = 2 | X \$26 = | 52  | OR X \$ = |     | AMENDMENT | Independent (37 CFR 1.16(h))  | * 4 | Minus | ***3 | = 1 | X \$110 = | 110 | OR X \$ =                        |            | AMENDMENT | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |        |  |  |           |   |        |  | AMENDMENT | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |   |   |  |  |  |  |  |  | (Column 1) |  |  |  | (Column 2) | (Column 3) | TOTAL<br>ADD'L<br>FEE   | 162 | TOTAL<br>ADD'L<br>FEE |  | AMENDMENT | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$) | ADDITIONAL<br>FEE (\$) |  |  | AMENDMENT                        | Total (37 CFR 1.16(i)) | * | Minus                      | ** | = | X \$ = |            | X \$ =     |            | AMENDMENT    | Independent (37 CFR 1.16(h)) | *                          | Minus | ***       | =          | X \$ =                                    |   | X \$ =           |           | AMENDMENT              | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |                        |           |                        |      |       |       |     |          | AMENDMENT | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |           |                              |     |       |      |     |           | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |           |  |           | TOTAL<br>ADD'L<br>FEE  |  | TOTAL<br>ADD'L<br>FEE |  |  |  | Legal Instrument Examiner:<br><b>/BRENDA L. TURNER/</b> |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| APPLICATION AS AMENDED – PART II  |   |   | OTHER THAN<br>SMALL ENTITY                  |   |                                  |                                       |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| (Column 1)  | (Column 2)  | (Column 3)  | SMALL ENTITY                                |   | OTHER THAN<br>SMALL ENTITY       |                                       |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| AMENDMENT   | 11/12/2009  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                                  | RATE (\$)                        | ADDITIONAL<br>FEE (\$)                | RATE (\$)                        | ADDITIONAL<br>FEE (\$) |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| AMENDMENT   | Total (37 CFR 1.16(i))  | * 22  | Minus                                       | ** 20   | = 2                              | X \$26 =                              | 52                               | OR X \$ =              |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| AMENDMENT   | Independent (37 CFR 1.16(h))  | * 4   | Minus                                       | ***3  | = 1                              | X \$110 =                             | 110                              | OR X \$ =              |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| AMENDMENT   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |   |                                  |                                       |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| AMENDMENT   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |   |                                  |                                       |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| (Column 1)  |   |   |   | (Column 2)  | (Column 3)                       | TOTAL<br>ADD'L<br>FEE                 | 162                              | TOTAL<br>ADD'L<br>FEE  |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR         | PRESENT<br>EXTRA                            | RATE (\$)   | ADDITIONAL<br>FEE (\$)           | RATE (\$)                             | ADDITIONAL<br>FEE (\$)           |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| AMENDMENT   | Total (37 CFR 1.16(i))  | *   | Minus                                       | **  | =                                | X \$ =                                |                                  | X \$ =                 |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| AMENDMENT   | Independent (37 CFR 1.16(h))  | *   | Minus                                       | ***   | =                                | X \$ =                                |                                  | X \$ =                 |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| AMENDMENT   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |   |                                  |                                       |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| AMENDMENT   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |   |                                  |                                       |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |   |   |   | TOTAL<br>ADD'L<br>FEE                             |                                  | TOTAL<br>ADD'L<br>FEE                 |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |
| Legal Instrument Examiner:<br><b>/BRENDA L. TURNER/</b>   |   |   |   |   |                                  |                                       |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |     |           |   |     |       |      |     |           |     |                                  |            |           |  |  |        |  |  |           |   |        |  |           |  |   |   |  |  |  |  |  |  |            |  |  |  |            |            |   |     |                       |  |           |   |   |  |           |                        |           |                        |  |  |                                  |                        |   |                            |    |   |        |            |            |            |              |                              |                            |       |           |            |   |   |                  |           |                        |  |                        |           |                        |      |       |       |     |          |           |  |  |           |                              |     |       |      |     |           |   |           |  |           |  |  |                       |  |  |  |   |  |  |           |  |  |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |     |                       |  |           |   |   |                  |           |                        |           |                        |  |  |           |                        |   |       |    |   |        |  |        |  |           |                              |   |       |     |   |        |  |        |  |           |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |   |  |  |  |                       |  |                       |  |  |  |   |  |  |  |  |  |  |  |  |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
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